

## Healthy People 2010 Operational Definition

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### **12-8. Increase the proportion of adults who are aware of the early warning symptoms and signs of a stroke and the importance of accessing rapid emergency care by calling 911.**

<b>National Data Source</b>	National Health Interview Survey (NHIS), CDC, NCHS.
<b>State Data Source</b>	Not identified.
<b>Healthy People 2000 Objective</b>	Not applicable.
<b>Changes since the 2000 Publication</b>	Revised text (see Comments). Revised baseline (see Comments). Revised target (see Comments).
<b>Measure</b>	Percent (age adjusted—see Comments).
<b>Baseline (Year)</b>	60 (2001)
<b>Target</b>	65
<b>Target-Setting Method</b>	Better than the best racial/ethnic subgroup.  For a discussion of target-setting methods, see Part A, section 4.
<b>Numerator</b>	Number of persons aged 20 years and older who were aware of the early warning symptoms and signs of a stroke.
<b>Denominator</b>	Number of persons aged 20 years and older.
<b>Population Targeted</b>	U.S. civilian, noninstitutionalized population.
<b>Questions Used to Obtain the National Baseline Data</b>	From the 2001 National Health Interview Survey:  [NUMERATOR:] <ul style="list-style-type: none"><li>➤ <i>You would say numbness of face is a sign of stroke?;</i></li><li>➤ <i>You would say sudden confusion is a sign of stroke?;</i></li><li>➤ <i>You would say sudden trouble seeing is a sign of stroke?;</i></li><li>➤ <i>You would say sudden trouble walking is a sign of stroke?;</i></li><li>➤ <i>You would say sudden headache is a sign of stroke?;</i></li></ul>

<b>Expected Periodicity</b>	Periodic.
<b>Comments</b>	<p>Persons are considered to be aware of the early warning signs of stroke if they answer yes to all of the above questions in the NUMERATOR section. Persons are considered to be unaware of the early warning signs of a stroke if they respond “no” or “don’t know” to any of the symptom questions listed above in the NUMERATOR section. Healthy People 2010 data do not include importance of accessing 911. Data on awareness of the early warning signs of stroke were collected in 2001 and 2009 while data regarding the importance of accessing 911 were collected in 2006 and 2009. Therefore, a composite measure could not be computed until 2009, which is too far into the decade and would not allow for assessment of trend.</p> <p>The objective moved from developmental to measurable status during the Healthy People 2010 Midcourse Review. The text was modified by adding the importance of accessing 911 to the original objective.</p> <p>The original baseline was revised from 78 to 60 percent due to changes in how the response “don’t know” is handled. Previously responses of “don’t know” were excluded, but they are now included as lack of awareness. The target was proportionally adjusted from 83 percent to 65 percent to reflect the revised baseline using the original target-setting method.</p> <p>Data (except those by education status) are age adjusted to the 2000 standard population using the age groups 20-24, 25-34, 35-44, 45-64, and 65 years and over. Data by education status are age adjusted using the age groups 25-34, 35-44, 45-64, and 65 and over. Age-adjusted percents are weighted sums of age-specific percents. For a discussion of age adjustment, see Part A, section 7.</p> <p>For some measures, data do not meet the criteria for statistical reliability, data quality, or confidentiality and have been suppressed. Information on suppression of data for the major Healthy People 2010 data systems has been published in a <i>Healthy</i></p>

*People Statistical Note.*<sup>1</sup>

See Part C for a description of NHIS and Appendix A for focus area contact information.

## References

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1. Klein, R.J.; Proctor, S.E.; Boudreault, M.A.; Turczyn, K.M. Healthy People 2010 Criteria for Data Suppression. *Statistical Notes* No. 24. Hyattsville, MD: National Center for Health Statistics. 2002.